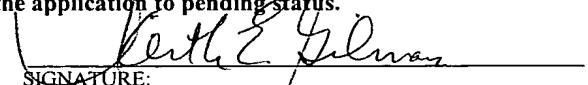


EXPRESS MAIL LABEL NO.: EV373692141US
DATE: September 24, 2004

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| FORM PTO 1390 (REV 10-2003) | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE | | ATTORNEY'S DOCKET NUMBER REGIM 3.3-035 |
| TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371 | | | U.S. APPLICATION NO. (If known, see 37 CFR 1.5) 107509048 |
| INTERNATIONAL APPLICATION NO. PCT/FR2003/000936 | INTERNATIONAL FILING DATE 25 March 2003 | PRIORITY DATE CLAIMED 25 March 2002 | |
| TITLE OF INVENTION USE OF A VANILLOID AS AN ANTI-SNORING ELEMENT | | | |
| APPLICANT(S) FOR DO/EO/US Daniel Jean and Léon Cariel | | | |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information: | | | |
| <p>1. <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C. 371.</p> <p>2. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a filing 35 U.S.C. 371.</p> <p>3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371 (f)). The submission must include items (5), (6), (9) and (21) indicated below.</p> <p>4. <input type="checkbox"/> The US has been elected (Article 31).</p> <p>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371 (c)(2)) a. <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau). b. <input checked="" type="checkbox"/> has been communicated by the International Bureau. c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</p> <p>6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2)). a. <input checked="" type="checkbox"/> is attached hereto. b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</p> <p>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3)) a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau). b. <input checked="" type="checkbox"/> have been communicated by the International Bureau. c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. d. <input type="checkbox"/> have not been made and will not be made.</p> <p>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)).</p> <p>9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)).</p> <p>10. <input type="checkbox"/> An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)).</p> | | | |
| Items 11 to 20 below concern document(s) or information included: | | | |
| <p>11. <input type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</p> <p>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</p> <p>13. <input type="checkbox"/> A preliminary amendment.</p> <p>14. <input checked="" type="checkbox"/> An Application Data Sheet under 37 CFR 1.76.</p> <p>15. <input type="checkbox"/> A substitute specification.</p> <p>16. <input type="checkbox"/> A power of attorney and/or change of address letter.</p> <p>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825.</p> <p>18. <input checked="" type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).</p> <p>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</p> <p>20. <input checked="" type="checkbox"/> Other items or information: Copy of International Search Report, Return Receipt Postcard</p> | | | |

| U.S. APPLICATION NO. (If known, see 37 CFR 1.4) | | INTERNATIONAL APPLICATION NO. | ATTORNEY'S DOCKET NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------|----------------------------------|--------------------------|--------|--------------|--------------|------|--------------|--------|---|---------|--------------------|-------|---|---------|---|--|----------|-----------|--------------------------------------|--|-------------|--|---|--|-----------|--|-------------------|--|-----------|--|---|--|----|--|-----------------------------|--|-----------|--|---|--|------|--|------------------------------|--|-----------|--|--|--|-------------------------------|----|--|--|-----------------|----|--|--|
| 10/509048 | | PCT/FR2003/000936 | REGIM 3.3-035 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. <input checked="" type="checkbox"/> The following fees are submitted: | | CALCULATIONS PTO USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) – (5)): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO \$1080.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> International preliminary examination fee (37 CFR 1.482) not paid to USPTO but International Search Report prepared by the EPO or JPO \$920.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO \$770.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) paid to USPTO but all claims did not satisfy provisions of PCT Article 33(1)-(4) \$730.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> International preliminary examination fee (37 CFR 1.482) paid to USPTO and all claims satisfied provisions of PCT Article 33(1)-(4) \$100.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENTER APPROPRIATE BASIC FEE AMOUNT = | | \$ 920.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492 (e)). | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">CLAIMS</th> <th style="text-align: left; padding: 2px;">NUMBER FILED</th> <th style="text-align: left; padding: 2px;">NUMBER EXTRA</th> <th style="text-align: left; padding: 2px;">RATE</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Total claims</td> <td style="padding: 2px;">8-20 =</td> <td style="padding: 2px;">x</td> <td style="padding: 2px;">\$ 0.00</td> </tr> <tr> <td style="padding: 2px;">Independent claims</td> <td style="padding: 2px;">2-3 =</td> <td style="padding: 2px;">x</td> <td style="padding: 2px;">\$ 0.00</td> </tr> <tr> <td colspan="2" style="padding: 2px;">MULTIPLE DEPENDENT CLAIM(s) (if applicable)</td> <td style="padding: 2px;">+ 290.00</td> <td style="padding: 2px;">\$ 290.00</td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: right;">TOTAL OF ABOVE CALCULATIONS =</td> <td style="padding: 2px; text-align: right;">\$ 1,210.00</td> <td></td> </tr> <tr> <td colspan="2" style="padding: 2px;"> <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2. </td> <td style="padding: 2px; text-align: right;">\$ 605.00</td> <td></td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: right;">SUBTOTAL =</td> <td style="padding: 2px; text-align: right;">\$ 605.00</td> <td></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)).</td> <td style="padding: 2px;">\$</td> <td></td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: right;">TOTAL NATIONAL FEE =</td> <td style="padding: 2px; text-align: right;">\$ 605.00</td> <td></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property</td> <td style="padding: 2px; text-align: right;">+ \$</td> <td></td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: right;">TOTAL FEES ENCLOSED =</td> <td style="padding: 2px; text-align: right;">\$ 605.00</td> <td></td> </tr> <tr> <td colspan="2" style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;">Amount to be refunded:</td> <td style="padding: 2px;">\$</td> </tr> <tr> <td colspan="2" style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;">charged:</td> <td style="padding: 2px;">\$</td> </tr> </tbody> </table> | | | | CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | Total claims | 8-20 = | x | \$ 0.00 | Independent claims | 2-3 = | x | \$ 0.00 | MULTIPLE DEPENDENT CLAIM(s) (if applicable) | | + 290.00 | \$ 290.00 | TOTAL OF ABOVE CALCULATIONS = | | \$ 1,210.00 | | <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2. | | \$ 605.00 | | SUBTOTAL = | | \$ 605.00 | | Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)). | | \$ | | TOTAL NATIONAL FEE = | | \$ 605.00 | | Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property | | + \$ | | TOTAL FEES ENCLOSED = | | \$ 605.00 | | | | Amount to be refunded: | \$ | | | charged: | \$ | | |
| CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total claims | 8-20 = | x | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent claims | 2-3 = | x | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MULTIPLE DEPENDENT CLAIM(s) (if applicable) | | + 290.00 | \$ 290.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL OF ABOVE CALCULATIONS = | | \$ 1,210.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SUBTOTAL = | | \$ 605.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)). | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL NATIONAL FEE = | | \$ 605.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| TOTAL FEES ENCLOSED = | | \$ 605.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Amount to be refunded: | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | charged: | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. 12-1095 in the amount of \$ 605.00 to cover the above fees. A duplicate copy of this sheet is enclosed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 12-1095. A duplicate copy of this sheet is enclosed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the application to pending status. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEND ALL CORRESPONDENCE TO:  SIGNATURE: _____ Keith E. Gilman | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME: _____ 32,137 CUSTOMER NUMBER: 000530 REGISTRATION NUMBER: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |